PTO/SB/05 (08-03) O

Approved for use through 07/31/2006. OMB 0651-0032 

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                       | Attorne  | ey Docket No. | TESSERA 3.0-196 DIV                       |  |  |  |
|-------------------------------------------------------|----------|---------------|-------------------------------------------|--|--|--|
| UTILITY PATENT APPLICATION TRANSMITTAL                | First Ir | nventor       | John W. Smith                             |  |  |  |
|                                                       | Title    |               | JCTOR CHIP PACKAGE WITH<br>IECT STRUCTURE |  |  |  |
| new nonprovisional applications under 37 CER 1 53/h)) |          | ·             | T                                         |  |  |  |

| ı | 110 (I TO III 1 TAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      | ""               |             |                    | 0.0                 | 11100              | ,,,      |                                          |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|--------------------|---------------------|--------------------|----------|------------------------------------------|---|
|   | (Only for new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Expre                                                                                                                                                                                                                                                                                                                                                                | ss Ma            | il Label N  | lo.                | . E                 | EV:                | 14       | 25757320                                 | 2 |
|   | APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADDRESS TO:  MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                  |                  |             |                    |                     |                    |          |                                          |   |
|   | Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original, and a duplicate for fee processing)     Applicant claims small entity status.     See 37 CFR 1.27.      X Specification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS |                  |             |                    |                     |                    |          |                                          |   |
|   | - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. X Drawing(s) (35 U.S.C. 113)  [Total Sheets]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 1                                                                                                                                                                                                                                                                                                                                                                  | 9.<br>10.<br>11. | 37 (<br>(wh | CFR 3.7<br>en ther | 73(b) Si<br>e is an | atement<br>assigne | e)       | et & document(s))  Power of Attorney     | _ |
|   | 5. Oath or Declaration [Total Sheets 2]  a. Newly executed (original or copy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | — ;                                                                                                                                                                                                                                                                                                                                                                  | 12.              | X Info      | mation<br>tement   | Disclo              | sure<br>TO-1449    |          | if applicable)  Copies of IDS  Citations |   |
|   | b. X Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. X Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:                                                                            |                  |             |                    |                     |                    |          |                                          |   |
| F | 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation X Divisional Continuation-in-part (CIP) of prior application No.: 09/850,973  Prior application information: Examiner D. Menz Art Unit: 2824  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS |                                                                                                                                                                                                                                                                                                                                                                      |                  |             |                    |                     |                    |          |                                          |   |
|   | X Customer Number: 038091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                      |                  | ]           | )R                 |                     | Сопевр             | onde     | nce address below                        |   |
| _ | Name<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                      |                  |             |                    |                     |                    |          |                                          | - |
| _ | City State Country Tele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e<br>phone                                                                                                                                                                                                                                                                                                                                                           |                  |             | -                  |                     | Zip Code           | e<br>ax  |                                          |   |
|   | Name (Print/Type) Marcus J. Millet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                      | 17               | Registratio | n No. (            | Attome              | با                 | 44       | 28,241                                   | L |
|   | Signature 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                      | L-               | <u> </u>    |                    |                     | Date               | <u>О</u> | tober 14, 2003                           |   |

| FEE TRANSMITTAL                                  |                                                          |                                   |                   |              |                                                             | Compl te if Known                                   |              |          |                              |                                                           |                                   |             |  |  |  |
|--------------------------------------------------|----------------------------------------------------------|-----------------------------------|-------------------|--------------|-------------------------------------------------------------|-----------------------------------------------------|--------------|----------|------------------------------|-----------------------------------------------------------|-----------------------------------|-------------|--|--|--|
|                                                  | •                                                        | Application Number                |                   |              |                                                             | Not Yet Assigned                                    |              |          |                              |                                                           |                                   |             |  |  |  |
|                                                  | Filing Date                                              |                                   |                   |              |                                                             | Concurrently Herewith                               |              |          |                              |                                                           |                                   |             |  |  |  |
| Effective :                                      |                                                          | First                             | Name              | d Inve       | entor                                                       | John W. Smith                                       |              |          |                              |                                                           |                                   |             |  |  |  |
|                                                  |                                                          | Examiner Name                     |                   |              |                                                             |                                                     | D. Menz      | 4        |                              |                                                           |                                   |             |  |  |  |
| Applica                                          | ant claims                                               | small entity s                    | tatus. See        | 37 CFR 1.27  | Art Unit 2824                                               |                                                     |              |          |                              |                                                           |                                   |             |  |  |  |
| TOTAL AMO                                        | UNT OF                                                   | PAYMENT                           | (\$)              | 896.00       |                                                             | Atton                                               | ney Do       | cket N   | lo.                          | TESSER                                                    | RA 3.0-196 DIV                    |             |  |  |  |
| METHO                                            | D OF PA                                                  | YMENT (c                          | heck all that     | apply)       | T                                                           |                                                     |              | FE       | E CALCU                      | LATION (c                                                 | continued)                        | <del></del> |  |  |  |
| Check                                            | Credit                                                   | Mone                              | у Пон             |              | 1 3 7                                                       | DDIT                                                | ONAL         |          |                              | _ ,,,,,,,,                                                | onunded)                          |             |  |  |  |
|                                                  | Card                                                     | Order                             |                   |              | ] " [                                                       | וווטטוו                                             | CINAL        | . FEE    | 3                            |                                                           |                                   |             |  |  |  |
| X Deposit A                                      | count:                                                   |                                   |                   |              | Large                                                       | Entity                                              | Small        | l Entity | ,                            |                                                           |                                   |             |  |  |  |
| Deposit<br>Account                               |                                                          | 12-1095                           |                   |              | Fee                                                         | Fee                                                 | Fee          | Fee      | _                            | F D                                                       |                                   |             |  |  |  |
| Number                                           |                                                          |                                   |                   |              | Code                                                        | (\$)                                                | Code         | (\$)     |                              | ree Des                                                   | cription                          | Fee Paid    |  |  |  |
| Deposit<br>Account                               |                                                          | David, Litt                       |                   |              | 1051                                                        | 130                                                 | 2051         | 65       | Surcharge                    | - late filing f                                           | ee or oath                        |             |  |  |  |
| Name The Director is a                           |                                                          | olz & Ment                        |                   |              | 1052                                                        | 50                                                  | 2052         | 25       |                              | - late provis                                             | ional filing fee or cove          | er          |  |  |  |
|                                                  | s) indicated                                             |                                   | ¬ `` ´`           | overpayments | 1052                                                        | 420                                                 | 4050         | 400      | sheet.                       | ļ-                                                        |                                   |             |  |  |  |
| Champan                                          |                                                          | ee(s) during th                   |                   |              | 1053                                                        | 130                                                 | 1053         | 130      | Non-Englis                   | English specification                                     |                                   |             |  |  |  |
| x application                                    | additional it                                            | so(s) during ar                   | e pendency (      | Ji Ulis      | 1812                                                        | 2,520                                               | 1812         | 2,520    |                              | filing a request for ex parte reexamination               |                                   |             |  |  |  |
| Charge fee(                                      | s) indicated                                             | below, except                     | t for the filin   | g fee        | 1804                                                        | 920*                                                | 1804         | 920*     | Examiner a                   | action                                                    | of SIR prior to                   |             |  |  |  |
| to the above-ider                                | ntified depos                                            | sit account.                      |                   |              | 1805                                                        | 1,840*                                              | 1805         | 1,840    | Requesting<br>Examiner a     | publication                                               | of SIR after                      |             |  |  |  |
|                                                  | FEE C                                                    | CALCULAT                          | ION               |              | 1251                                                        | 110                                                 | 2251         | 55       |                              | for reply withi                                           |                                   |             |  |  |  |
| 1. BASIC FIL                                     |                                                          |                                   |                   |              | 1252                                                        | 420                                                 | 2252         | 210      | Extension i                  | for reply withi                                           | in second month                   |             |  |  |  |
|                                                  | nall Entity                                              | Ean Day                           | and a stand       | F D-14       | 1253                                                        | 950                                                 | 2253         | 475      | Extension f                  | for reply withi                                           | in third month                    |             |  |  |  |
|                                                  | ode (\$)                                                 | Lea Das                           | scription         | Fee Paid     | 1254                                                        | 1,480                                               | 2254         | 740      | Extension f                  | or reply withi                                            | n fourth month                    |             |  |  |  |
|                                                  | 01 385                                                   | Utility filing f                  | ee                | 770.00       | 1255                                                        | 2,010                                               | 2255         | 1,005    | Extension f                  | or reply withi                                            | n fifth month                     |             |  |  |  |
|                                                  | 02 170                                                   | Design filing                     |                   |              | 1401                                                        | 330                                                 | 2401         | 165      | Notice of A                  |                                                           |                                   |             |  |  |  |
|                                                  | 03 265<br>04 385                                         | Plant filing for<br>Reissue filin |                   |              | 1402                                                        | 330                                                 | 2402         | 165      |                              | Filing a brief in support of an appeal                    |                                   |             |  |  |  |
|                                                  | 05 80                                                    | Provisional f                     | -                 |              | 1403<br>1451                                                | 290<br>1,510                                        | 2403<br>1451 | 145      |                              | r oral hearing                                            | )<br>blic use proceeding          |             |  |  |  |
|                                                  |                                                          |                                   |                   |              | 1452                                                        | 110                                                 | 2452         | 55       |                              | evive – unav                                              | . •                               | <del></del> |  |  |  |
|                                                  | 2081                                                     | OTAL (1)                          | (\$)              | 770.00       | 1453                                                        | 1,330                                               | 2453         | 665      |                              | evive - uninte                                            |                                   | $\vdash$    |  |  |  |
| 2. EXTRA CL                                      | AIM FEES                                                 |                                   |                   | REISSUE      | 1501                                                        | 1,330                                               | 2501         | 665      | Utility issue                | ity issue fee (or reissue)                                |                                   |             |  |  |  |
|                                                  |                                                          | Extra (<br>Claims                 | Fee from<br>below | Fee Paid     | 1502                                                        | 480                                                 | 2502         | 240      | Design issu                  | e fee                                                     |                                   |             |  |  |  |
| Total Claims 27                                  | ·20** =                                                  | - 7 ×                             | 18.00 =           | 126.00       | 1503                                                        | 640                                                 | 2503         | 320      | Plant issue                  | fee                                                       |                                   |             |  |  |  |
| Independent 2<br>Claims                          | -3** =                                                   | ×                                 |                   | 0.00         | 1460                                                        | 130                                                 | 1460         | 130      | Petitions to                 | the Commiss                                               | sioner                            |             |  |  |  |
| Multiple Dependent =                             |                                                          |                                   |                   |              | 1807                                                        | 50                                                  | 1807         | 50       | Processing                   | sing fee under 37 CFR 1.17(q)                             |                                   |             |  |  |  |
| Large Entity Sm                                  | all Entity                                               |                                   |                   |              | 1806                                                        | 180                                                 | 1806         | 180      | Submission                   | of Informatio                                             | on Disclosure Stmt                |             |  |  |  |
| Fee Fee Fe<br>Code (\$) Cod                      |                                                          | Fee                               | e Descriptio      | <u>n</u>     | 8021                                                        | 40                                                  | 8021         | 40       | Recording e                  | each patent a                                             | ssignment per                     |             |  |  |  |
| 1202 18 220                                      |                                                          | Claims in exce                    | ss of 20          |              | 1809                                                        | 770                                                 | 2809         | 385      | Filing a sub                 | mission after                                             | of properties)<br>final rejection |             |  |  |  |
| 1201 86 220                                      | 1 43 Ir                                                  | ndependent cl                     | laims in exce     | ess of 3     |                                                             |                                                     |              |          | (37 CFR 1.1                  |                                                           | ation to be                       |             |  |  |  |
| 1203 290 220                                     |                                                          | /lultiple depen                   | <del>-</del>      | ·            | 1810                                                        | 770                                                 | 2810         | 385      |                              | lditional inver<br>37CFR 1.129                            |                                   |             |  |  |  |
| 1204 86 220                                      | 04 43 ** Reissue independent claims over original patent |                                   |                   |              | 1801                                                        | 770                                                 | 2801         | 385      |                              | Continued E                                               |                                   |             |  |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 |                                                          |                                   |                   |              | 1802                                                        | 900                                                 | 1802         | 900      | Request for<br>of a design : | Request for expedited examination of a design application |                                   |             |  |  |  |
| and over original petent                         |                                                          |                                   |                   |              |                                                             | Other fee (specify)                                 |              |          |                              |                                                           |                                   |             |  |  |  |
| SUBTOTAL (2) (\$) 126.00                         |                                                          |                                   |                   |              |                                                             | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) |              |          |                              |                                                           |                                   |             |  |  |  |
| **or number previ                                |                                                          |                                   |                   |              |                                                             |                                                     |              |          |                              |                                                           |                                   |             |  |  |  |
| SUBMITTED BY                                     |                                                          |                                   |                   |              |                                                             |                                                     |              |          |                              | (Complete (                                               | if applicable))                   |             |  |  |  |
|                                                  |                                                          |                                   |                   |              | stration No.<br>Trey/Agent) 28,241 Telephone (908) 654-5000 |                                                     |              |          | )                            |                                                           |                                   |             |  |  |  |
| Signature                                        |                                                          |                                   |                   |              |                                                             |                                                     |              |          | Date                         | October 14, 20                                            | 03                                |             |  |  |  |
|                                                  | <u> </u>                                                 |                                   |                   | ./           |                                                             |                                                     |              |          |                              |                                                           |                                   |             |  |  |  |